

# POST OFFICE TO ADDRESSEE



\*EL47703311US\*



## ORIGIN (POSTAL USE ONLY)

PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
Time In Mo. Day Year	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. ozs.	Intl Alpha Country Code	COD Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Insurance Fee
Total Postage & Fees \$		

## DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Sign
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Sign
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Sign
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Signature of Addressee or Agent		
Name - Please Print		

### CUSTOMER USE ONLY

TO FILE A CLAIM FOR DAMAGE OR LOSS OF CONTENTS, YOU MUST PRESENT THE ARTICLE, CONTAINER, AND PACKAGING TO THE USPS FOR INSPECTION

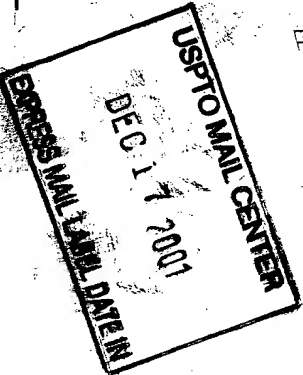
☐ **WAIVER OF SIGNATURE** (Domestic Only) Additional merchandise insurance (which delivery to be made without obtaining signature of addressee or addressee's agent) can be left in secure location and I authorize the delivery employee's signature constitutes receipt of this article.

FROM: (P)

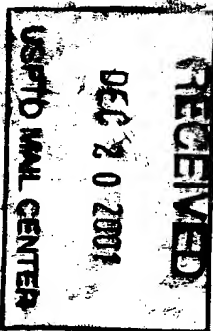
TO: (PLEASE PRINT)

PHONE

Customer Signature



ALL AMERICAS  
NY 10036-2711



TRACKING CALL 1-800-222-1811

www.usps.gov



ASSISTANT COMMISSIONER  
FOR PATENTS  
WASHINGTON DC 20531-0001